

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541953

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/			/		
3	/			/		
4		3		/		
5		3		/		
6		3		/		
7		0		/		
8		0		/		
9		0	/			
10	/			/		
11		/		/		
12		/		/		
13		/		/		
14		0	/			
15	/			/		
16		/		/		
17		2	/			
18		0	/			
19		0		/		
20	/		/			
21	/			/		
22	/			/		
23	/			/		
24	/			/		
25	/			/		
26	/			/		
27		7		/		
28		0		/		
29		0		/		
30		0		/		
31		0		/		
32		0		/		
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50				/		
TOTAL IND.	13		7			
TOTAL DEP.	34		22			
TOTAL CLAIMS	47		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						